

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030931

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4519 STATE FILE NUMBER1. **FILED SEP 14 1962**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Grandview	
Length of stay in 1b 2 weeks		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp/		d. STREET ADDRESS (If outside, give location) Arlington Road	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First Walter	Middle Ewing	Last Defabaugh	4. DATE OF DEATH	Month 8	Day 31	Year 1962
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-4-80	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months 0 Days 2	IF UNDER 24 HR Hours 20 Min. 43
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter & Paperhanger	10b. KIND OF BUSINESS OR INDUSTRY Residential	11. BIRTHPLACE (City and state or country) Coleman, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Mark Defabaugh	13b. MOTHER'S MAIDEN NAME Rose Benton	14. NAME OF HUSBAND OR WIFE Lida Defabaugh (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Address Mrs. Robt. Wyatt, Grandview, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leukemia, acute		INTERVAL BETWEEN ONSET AND DEATH 4 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 9:45 a.m. p.m.	Month, Day, Year July 15-62
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Grandview, Missouri	COUNTY Jackson STATE Missouri
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21. I attended the deceased from July 15-62 to Aug 31-62 and last saw him alive on Aug 31-62 Death occurred at 9:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Regree or title) Sam D. Hooper M.D.	22b. ADDRESS Grandview, Missouri	22c. DATE SIGNED 9-1-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-3-62	23c. NAME OF CEMETERY OR CREMATORY Raymore Cemetery	23d. LOCATION (City, town, or county) Raymore, Missouri
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24. FUNERAL DIRECTOR E.K. George & Sons, Inc., Belton, Mo.	25. DATE RECD. BY LOCAL REG. 9-2-62	26. REGISTRAR'S SIGNATURE Ruth Long
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(Licensed Embalmer's Statement on Reverse Side)

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION
Sam D. HooperUSE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Sterling E. Goddard

Licensed Embalmer No. 4911

P. O. Address

Grandview Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.